SUFFOLK COUNTY DEPARTMENT OF HEALTH SERVICES FOOD ESTABLISHMENT PERMIT APPLICATION

	For Office Use only	ANNUAL FEE	For Office Use Only [
	☐ New ☐ Change	\$					
IMPORTANT Complete both sides of the application and submit at least thirty (30) days before anticipated operation. Processing may be delayed if it is incomplete or illegible. Note: A preoperational permit-issuing inspection may be required before operating. Submission and approval of plans by the Food Control Unit is required if the establishment is new or remodeled.			[, , , ,] Conditions [/ /] Issue Date [] Establishment I.D. Approved by				
	PLEASE P	RINT	USE BLACK INK ONLY				
	Name of Establishment (D\B\A)*: Street City	Zip Code:					
	 Type of Ownership: □Individual □Corporation □Non-Profit □Partnership □LLC (Submit proof of type of ownership) New York State Certificate of Authority Number (Sales Tax No.): □ □ □ □ □ □ □ □ □ □ □ 						
4.	A copy of your Certificate of Authority to Collect Sales Tax must be submitted with this application. 4. Billing Address of Owner/Corporation: (Note: Permit renewal notifications will be sent to this address!)						
	Name						
	Street		Phone No. () -				
	City		State Zip Code:				
	Email address						
5.	Personal Mailing Address of Person Signature	• • • • • • • • • • • • • • • • • • • •					
	Name						
	StreetCity		Phone No. () - State Zip Code:				
6.	Corporation, LLC or Partnership Name	and Mailing Address:	State Zip Code.				
	Name						
	Street		Phone No. () -				
	City		State Zip Code:				
7. Type of Establishment: (Check the appropriate box) □Restaurant (With seating) □Restaurant (Without seating) □Delicatessen □Tavern □Bakery □Off-premise Caterer □Depot w/o Food Preparation □In-Home Caterer □School □SED Summer Feeding □Soup Kitchen □Senior Nutrition □Vending Machine □Commissary □Party Room □Staffed Vending □Frozen Dessert □Other 8. Water Supply: □ Well Water □ Public Water 9. Waste Disposal System: □Public (Sewers) □Private (Cesspools/leaching fields)							
10. Seats Provided: ☐ Yes ☐ No Number of Seats							
11. Tax Map Number: District Section Block Lot The applicant hereby agrees to operate the food establishment described above in compliance with the requirements of the New York State							
and		authorizes officials of the Suffolk (County Department of Health Services to inspect any and all				
Signature			FOR OFFICE USE ONLY				
Pri	nt Name						
Title Date							
*The application must be signed by an officer of the corporation, partner or owner (See Item #5 above). The D/B/A must be completed before a permit may be processed.							

(See reverse for Instructions, Fee Schedule and Insurance Information)

SCHEDULE OF FOOD PERMIT FEES				
TYPE OF ESTABLISHMENT	ANNUAL FEE			
Tavern (No Food)	. \$ 375			
Bakery				
Delicatessen				
Frozen Dessert				
Off Premises Caterer	. \$ 375			
In Home Caterer (Contract Chef)				
Food Service: 0 to 16 Seats				
17 to 49 Seats	. \$ 400			
50 to 100 Seats	. \$ 560			
101 to 200 Seats	. \$ 770			
201 + Seats	. \$1,060			
Food Commissary	. \$ 670			
School w/ Outside Caterer				
Party Room, Staffed Vending Location	\$ 185			
Depot w/o Food Preparation				
Non-Profit, Vending Machine Location (Non-profit attach copy of Tax Exempt form)				

SUBMIT THE COMPLETED APPLICATION AND A CHECK OR MONEY ORDER PAYABLE TO: THE COMMISSIONER OF HEALTH SERVICES

(Visa/Master Card also accepted)

CHANGES OF OWNE	RSHIP:
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CHANGES OF OWNERSHIP:					
Previous Name of Establishment					
Previous Establishment Food Permit Number					
REQUIRED INSURANCE INFORMATION:					
Disability Insurance No	Company Name				
Workers Comp. Insurance No.	Company Name				

NYS Workers Compensation Law requires that applicants submit proof of possession of Workers' Compensation and Disability Insurance coverage or an approved waiver (Form CE-200) if coverage is not provided. Contact the New York State Workers Compensation Board for requirements and applicability at 1-866-805-3630 or online at http://www.wcb.ny.gov/. The following forms **must** be provided:

- Workers' Compensation Form C-105.2 OR Form U-26.3 OR Form SI-12 OR Form GSI-105.2
 Disability Benefits Form DB-120.1 OR Form DB-155
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INSTRUCTIONS

- Item #3. Failure to submit this information may result in formal enforcement action. The New York State Department of Taxation and Finance can be reached at 1-518-457-5342 or online at http://www.tax.ny.gov/.
- Item #4. Provide a permanent or year-round address to ensure receipt of your renewal application. If the renewal application is undeliverable, it may cause delays in re-opening your seasonal establishment, or continuing your year-round business.

Return the completed application with your check or money order to the address listed below:



Suffolk County Department of Health Services Food Control Unit, Suite 2A 360 Yaphank Avenue Yaphank, NY 11980

http://www.suffolkcountyny.gov/Departments/HealthServices.aspx

Questions?: Call (631) 852-5999 or 852-5873